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CONFIRMATION NO. 5099

Bib Data Sheet

SERIAL NUMBER 10/022,438	FILING DATE 12/20/2001 RULE	CLASS 705	GROUP ART UNIT 3623	ATTORNEY DOCKET NO. 52493.000230
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## APPLICANTS

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\*\* CONTINUING DATA 

\*\* FOREIGN APPLICATIONS 

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/28/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	VA	DRAWING 4	CLAIMS 20	CLAIMS 2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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## TITLE

System and method for risk assessment

FILING FEE RECEIVED 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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